

# New Inclusion Terms for 345.7 and Posttraumatic Seizure Code

ICD-9 CM Coordination and Maintenance  
Meeting

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# Seizure - 780.39

- A seizure is a paroxysmal behavioral spell generally caused by an excessive disorderly discharge of cortical nerve cells
- Epileptic seizures range from clinically undetectable (“electrographic seizures”) to convulsions.
- The symptoms vary depending upon the part of the brain involved in the epileptic discharge
- Most seizures last for about 1 minute

# Epilepsy - 345

- Epilepsy is a syndrome of two or more unprovoked or recurrent seizures on more than one occasion
- Epileptic syndromes are characterized by:
  - The behavior during the seizure(s) (semiology)
  - The age of onset
  - Etiology, if known
  - EEG characteristics of the seizure type(s)

# Status Epilepticus

- Defined as a prolonged seizure state
  - Continuous epileptic activity
  - Serial seizures without return to normal state of consciousness between seizures
- Three Status Epilepticus Codes
  - 345.2 Petit Mal Status Epilepticus
  - 345.3 Grand Mal Status Epilepticus
  - 345.7 Epilepsia partialis continua

# 345.7 Epilepsia Partialis Continua

- Kojevnikov's epilepsy (I have never seen this term used)
- Refers to a continuous partial seizure without alteration in consciousness
  - e.g. clonic activity of a digit
  - In effect, this is simple partial status epilepticus
- Current index terms under Epilepsy, status (grand mal) 345.3
  - Focal motor 345.7
  - Psychomotor 345.7
  - Temporal lobe 345.7

# 345.7 is missing terms for partial status epilepticus

- There is not an index term for [complex] partial status epilepticus
  - Often seen in status epilepticus in association with acute brain lesions such as strokes
- A commonly used clinical term is “nonconvulsive status epilepticus”
- The clinical syndrome is of a patient with altered mental status and clinical and/or EEG evidence of partial status epilepticus, a so-called twilight state

# Proposed index terms for 345.7

- Partial Status Epilepticus
  - Most clinicians will document this as
    - Complex partial status epilepticus
    - Simple partial status epilepticus
    - Some may drop the “epilepticus”
    - No need to have “complex” or “simple” in index
  - I think that this should be the definition term rather than EPC to be consistent with 345.2 and 345.3
- Nonconvulsive Status Epilepticus
- Add terms to exclusions for 345.3
- Also propose eliminating the 5<sup>th</sup> digit for intractability on 345.7 to be consistent with 345.2 and 345.3

# Acute Symptomatic Seizures vs. Late onset Epilepsy

- Early seizures after acute brain derangement are symptomatic of the disturbance of brain function
  - Can be thought of as “reactive seizures”
  - Trauma, stroke, encephalitis, alcohol withdrawal
  - Do not predict the later development of epilepsy
- Seizures beginning weeks to years later represent the development of epilepsy as a late effect and coded as such, 907.0, 438.9, 139.0
  - Also coded for partial epilepsy, 345.4x or 345.5x



# Request for Code for Posttraumatic Seizures

- Propose adding 780.3x
  - Posttraumatic seizure(s)
  - Do not code with epilepsy, 345.0-345.9
- Code first rules should apply to avoid confusion
  - Code first, the intracranial injury, 850-854
  - Alternatively, Code first, the seizure
- Epidemiological and prognostic importance